



Pesticide Analytical and Response Center  
(PARC) Public Member  
Interest Form



This form will assist the Oregon Department of Agriculture Director and Oregon Health Authority Director in evaluating applicants for appointment as the public member to the Pesticide Analytical and Response Center Board. Functions of the PARC Board are identified in Oregon Revised Statutes, Chapter 634.500. Information about PARC may be obtained at <https://www.oregon.gov/ODA/PEST/Pages/parc.aspx>

Applicant Information					
Preferred Title					
Applicant Name					
Affiliation					
Occupation					
Mailing Address					
City		State		Zip	
Phone Number		Cell or Alternate Number			
Email					
Applicant Signature				Date	

By signing above, you certify that:

- ⇒ All of the information on this form is true;
- ⇒ You are a legal citizen of Oregon and the United States of America;
- ⇒ You will accept the appointment to the Pesticide Analytical and Response Board if selected by the Director and pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities;
- ⇒ You have an email address and are able and willing to check your email on a regular basis;
- ⇒ You will be able to attend scheduled meetings in-person or by conference call.

Applicant Name	
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### Statement of Interest

Describe in detail why you are interested in serving as the public member on the Pesticide Analytical and Response Center board. *You may complete this section on a separate sheet.*

### Professional Experience/Background

Describe your professional work experience and background. *A current resume may be substituted for this section.*

Applicant Name	
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### Background Information

Are you currently serving on a state board or commission other than this one? \_\_Yes \_\_No  
 If yes, please list:

Please list all organizations in which you have held memberships and the number of years.

### Conflicts of Interest

Please identify any potential conflicts of interest you may have by serving on this board.

### References

Please identify two references that may be contacted if you are selected as a top candidate. Individuals or representatives of associations/organizations are acceptable.

#### Reference #1

Name					
Affiliation					
Mailing Address					
City		State		Zip	
Phone Number		Cell or Alternate Number			
Email					

Applicant Name	
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Reference #2

Name					
Affiliation					
Mailing Address					
City		State		Zip	
Phone Number		Cell or Alternate Number			
Email					

**To assist us in meeting affirmative action objectives**, we would appreciate information about your background. This information is optional and may be used for data collection only. Under state and federal law, this information may not be used to discriminate against you.

**Race/Ethnicity:** *(Select one)*

- |   |   |
|---|---|
| <input type="checkbox"/> African American/Black         | <input type="checkbox"/> Hispanic/Latino                  |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Multi/Other                      |
| <input type="checkbox"/> Caucasian/White                |   |

Gender Identity: \_\_\_\_\_ LGBTQ:      Disability:

Please send your completed interest form via email to: [parc@oda.state.or.us](mailto:parc@oda.state.or.us) or via mail to:

Pesticide Analytical and Response Center  
 Attn: Rose Kachadoorian, PARC Board Administrator  
 Oregon Department of Agriculture  
 635 Capitol St NE  
 Salem, OR 97301  
 503-986-4651  
 Fax: 503-986-4735

Interest forms must be completed and returned by email or post-marked by **August 15, 2020** to be considered.